



State of Utah
Department of Workforce Services
EMPLOYER VERIFICATION STATEMENT

HEAT OFFICE	_____ has applied for utility benefits through the Home Energy Assistance Target (HEAT) Program. In order to complete his/her application, it is necessary that wage information for the month and year of _____ be verified. This information is kept strictly confidential and will be used solely for the purpose of determining eligibility for the HEAT assistance program.
	HEAT Contact: _____ HEAT Office: _____ Date: _____
	HEAT Office Phone #: _____ Fax #: _____
	Email Address: _____

CLIENT	CLIENT RELEASE STATEMENT: <i>Must be completed by client.</i> I, _____, verify that the last four digits of my Social Security Number are ____ _ and I give my permission to release my employment information to the HEAT Program.
	Employee's Signature: _____ Date: _____

EMPLOYER	EMPLOYER INFORMATION: <i>Must be completed by employer.</i>
	Name/Company: _____
	Phone #: _____
	Street Address: _____
	City, State, Zip: _____
	1. I certify that the above named person is a (check one): <input type="checkbox"/> Current employee <input type="checkbox"/> Terminated employee (If terminated, last date worked: _____, last paycheck date: _____)
	2. This person works or worked for me (check one): <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	3. This employee is/was paid (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
	4. The total GROSS wages for the employee before taxes and other deductions during the month and year specified above was \$_____.
	5. During the month and year above, the following deductions were taken from this employee's wages: Medical \$_____ Dental \$_____ Child Support \$_____ Alimony \$_____
Please include a printout of gross wages for month specified if available.	
Signature: _____ Date: _____	
Print Name: _____ Title: _____	

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.